Г				-	-				/_	21	\underline{U}	<u> </u>	<u>ගුහු</u>	
	~ PATENT APPLICATION FEE DETERMINATION REC								Application or Docket Number 036350-0103					
Effective October 1, 2003 036390-0103 CLAIMS AS FILED - PART I													102	
			SMALL	ENTIT			ÓTHE	R THAN						
F	OTAL CLAIM	S	(Colur	nn 1)	(Column 2)			TYPE			OR		L ENTITY	
			5	57				RATE	FE	Ε		RATE	FEE	
FOR				NUMBER FILED		NUMBER EXTRA		BASIC F	EE 385	.00	OR	BASIC FE	E 770.00	
TOTAL CHARGEABLE CLAIMS			57	SAminus 20=		• 37		XS 9:			OR	X\$18=	333	
INDEPENDENT CLAIMS				3 minus 3 =				X43=	_	\dashv	•		122	
MI	ULTIPLE DEPE	NDENT CLAIM	PRESENT							<u> </u>	OR	A602	1=	
• 1	the difference	e in column 1 is	loce than	less than zero, enter *0" in			ŀ	+145=			OR	+290=	_	
* If the difference in column 1 is less than zero, enter *0* in column 2								TOTAL	- 🗀		OR	TOTAL	718	
CLAIMS AS AMENDED - PART II								OTHER THAN						
Ľ	1	(Column 1)		(Colum		(Column 3)	4,	SMAL	L ENTIT)R	SMALL	ENTITY	
MTA		REMAINING AFTER		PREVIO		PRESENT EXTRA	l	RATE	ADD			RATE	ADDI- TIONAL	
ME		AMENDMENT	 	PAID F	OR				FE				FEE	
AMENDMENT	Total	5/	Minus	1-3	<u>'/_</u>	=		X\$ 9=		c	R	X\$18=	-	
AM	Independent	NTATION OF M	Minus	DENDENT	<u>)</u>			X43=		\Box_{c}	BR	X86=	-	
•	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					İ	+145=	1	7		+290=			
					•		L	TOTAL		┩゙	R	TOTAL		
ADDIT. FEEOF												DDIT. FEE		
a		CLAIMS		(Colum	\$7 .	(Column 3)	Г		1.00	-,	_			
		REMAINING AFTER		PREVIOL	ISLY	PRESENT EXTRA		RATE	ADDI		1	RATE	ADDI- TIONAL	
	Total	* 57	16:000	PAID FO	DR 7		┢		FEE	4	L		FEE	
AMENDMENT	Independent	2	Minus Minus	-5		-	Ĺ	X\$ 9=		. O	R	X\$18=	-	
₹		NTATION OF MU		PENDENT C	7 0124		ı	X43≃		T_{o}	$R\Gamma$	X86⇒	· .	
				E/IOEIVI (Γ	+145=		٦.	.	+290=	<u> </u>	
		,					L	TOTAL	<u> </u>	-loi	L	TOTAL		
	7 (Calumn 1) (Column 2) (Column 3)								<u> </u>		R AL	DOIT. FEE		
,		_			-									
_ ;		REMAINING AFTER	٠.	NUMBE PREVIOUS		PRESENT EXTRA		RATE	ADDI- TIONAL		ı	RATE	ADDI- TIONAL	
N THE STATE OF THE	Total	AMENDMENT	Vei anna	PAID FO			L		FEE	4	L		FEE	
	ndependent		Minus Minus	14	\dashv	<u> </u>	L	X\$ 9=		ОЯ	:	X\$18=		
		UM TO ROTTATI	<i> </i> 1			-		X43=		OA		X86=		
			LE DEF	LIVERI-CI	- M		Г	145=		1	┢			
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									· 	OR	Ľ	290=		
- II E	ne rugnest Num he "Highest Num	iber Previously Paid iber Previously Paid	For IN THIS	SPACE is les	ss than	20, enter "20."		TOTAL DIT. FEE	·	OR		TOTAL DIT. FEE		
Th	a Trighest Numb	er Previously Paid	For (Total or	Independent)	is the h	ighest number f	ound	in the app	ropriate b	ex in c	oğum M	n 1.	1	

FORM PTO-675 (Rev. 10/03)